

Enter and View Report

Details of visit

Service Provider:

Service Address:

Date and Time:

Authorised Representatives:

Contact details:

Limegrove

St Martin's Close, East Horsley, Surrey, KT24 6SU

21st September 2016, 9:30am- 12:15pm

Alan Walsh, Mary Probert & Janice Turner

Healthwatch Surrey, The Annexe, Lockwood Day

Centre, Westfield Road, Guildford, GU1 1RR

0303 303 0023

Acknowledgements

Healthwatch Surrey would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

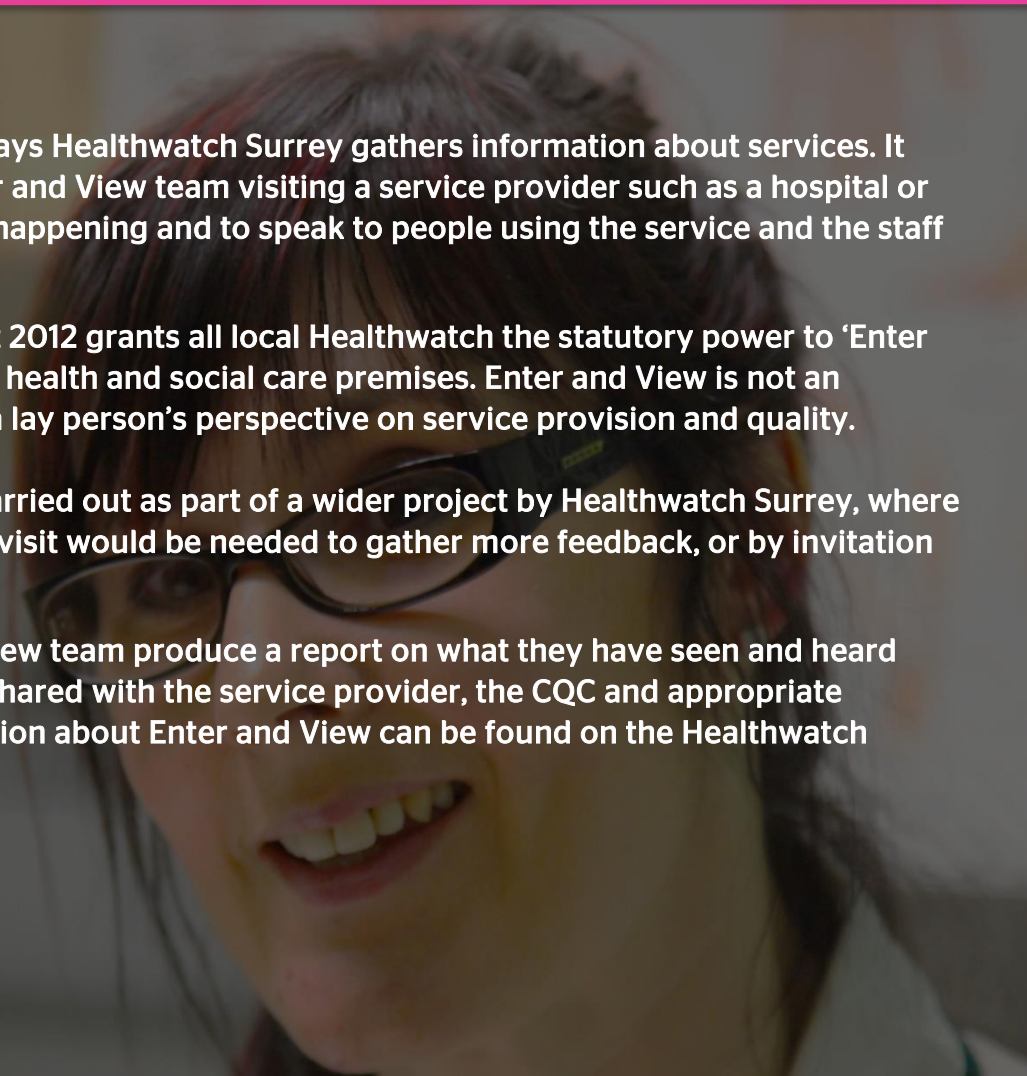
What is Enter and View?

Enter and View is one of the ways Healthwatch Surrey gathers information about services. It involves members of our Enter and View team visiting a service provider such as a hospital or care home to observe what is happening and to speak to people using the service and the staff working there.

The Health and Social Care Act 2012 grants all local Healthwatch the statutory power to 'Enter and View' all publically funded health and social care premises. Enter and View is not an inspection, but instead offers a lay person's perspective on service provision and quality.

Enter and View visits can be carried out as part of a wider project by Healthwatch Surrey, where there is evidence to suggest a visit would be needed to gather more feedback, or by invitation of the provider of the service.

After the visit, the Enter and View team produce a report on what they have seen and heard during the visit. The report is shared with the service provider, the CQC and appropriate commissioners. More information about Enter and View can be found on the Healthwatch Surrey website.



Purpose of the visit

- To find out whether care homes in Surrey provide their residents with relationship-centred care, and if they support their residents to take part in 'meaningful activities' in line with their preferences and abilities.
- To discover if care homes learn about their residents, and plan their care, menus and daily activities around their preferences
- To determine whether residents are given the opportunity to engage in community clubs and/or social activities and develop a role within the home if they wish.
- To find out if residents feel that they are listened to
- To identify any good practice examples of person and relationship-centred care
- To observe residents and relatives engaging with the staff and their surroundings
- To capture the experience of the residents and relatives and any ideas they may have for change.

Strategic drivers

- This Enter and View visit was carried out as part of a wider project by Healthwatch Surrey into how well care homes in Surrey are 'relationship centred' - focusing on activity based care and supporting people to continue to be as active and independent as possible.
- 'Amplifying the voice of care home residents' is a Healthwatch Surrey priority for 2016/17.

Methodology

This was an announced Enter and View visit. The provider was given the time and date that Healthwatch Surrey (HWS) would be visiting.

On arrival, in the entrance the CQC Inspection Report Rating was displayed, as was the Healthwatch Surrey notification letter. There was a Customer Privacy Information notice, along with a Certificate of Employers Liability Insurance, a Statement of Purpose, Keeping Customers Safe and Health & Safety Law poster. In the main reception area there was an activities noticeboard, with a picture of the activities team adjacent to it, showing one activity. However, this was obscured by boxes as the home had just received a delivery, these were removed during our visit revealing the activity that was being undertaken that day on that floor and who was leading it. There was also a display called 'The Love Tree' highlighting events that had taken place. There was also a record player and a box of records, whilst music was playing, some residents were sitting in the area listening.

We spoke to the Manager of the service who advised us as to the layout of the service, showed us around and gave HWS permission to approach residents and staff. During the visit the authorised representatives spoke to one relative, a resident, two care staff, and two Activity Coordinators. The interview with the Manager took place in the office, with the other interviews being undertaken on the ground and first floors.

The Manager said the home is split into 5 units named Robin, Wren, Swallow, Nightingale and Dove. Limegrove has three floors, 55 rooms, with the home presently housing 54 residents. The entrance,

reception and office are for the whole home, with each unit having its own dining room, lounge, TV, sitting areas, with its own dedicated staff.

We were able to access all the communal areas, including the entrance, main reception, office, dining room and lounges on all three floors, each with a lounge with TV and a dining room. On the first floor there was room labelled 'Training and Activities Room'.

Summary of findings:

- The residents and their environment looked clean and tidy. Some residents were engaged in two group sessions of activities - the staff were attentive to their needs and were supportive.
- On each residents room door there was a photograph of the occupant along with their name.
- We witnessed an activity group session where the facilitator encouraged meaningful interaction and demonstrated his knowledge of all the members of the groups' life stories, by linking the past to the present using a new £5 note. Another session was observed where that Coordinators was encouraging tactile involvement and stimulation with bright arts and crafts materials.
- We saw evidence of a number of social activities that were displayed on the wall of each floor, these included: Arts & Crafts, 1-2-1, Breakfast Club, Reminiscing, Memory Box, History Club, Dinner Club and Singalong.

Results of visit

Person-centred approach:

We spoke to the new Manager who said she had been in the post four weeks - she said that a Person Centred Approach is: 'Centred round individual needs, that means something to the customer.' She informed us that she had introduced 'communal breakfasts' in the individual units at 9am. Residents were encouraged to come along, but could still eat in their own rooms if they so wished. According to the Manager, this was important as it brings structure to the residents' day and is an opportunity for them to socialise with other residents and staff as well as ensuring that residents ate safely.

On our visit authorised representatives observed two consecutive group sessions - 'Reminiscence' and 'Memory Box' - where the Activities member of staff was clearly aware of the life stories of the individuals in the group, such as where they had been brought up and their past employment, the member of staff encouraged participation by mentioning this to specific residents. He used the names of those attending who were not engaging, or were very quiet to engage in the activity.

The 'Memory Box' session covered topics such as washing, ironing and bath nights and was particularly lively, starting with the present day and then working backwards. Both sessions were well structured and linked past and present by using the introduction of the new £5 note. Not all the residents in the group had dementia but the staff member ensured that almost all were able to participate in the conversations at an appropriate level. When a care assistant came in with drinks, he also was drawn into the discussions and participated.

The Manager spoke told us that collecting a residents' life story was part of their personal care plan, she elaborated by saying: 'We ask families for information on their relatives, we are in the process of creating a memory box/scrapbook for each resident.' A care staff member felt that person centred care was 'using life stories and listening to feedback from families, everyone can contribute something no matter how small.' The Manager spoke about how it was imperative that all staff engage with residents, get to know them and understand their needs so they can provide one to one, 'person centred support'.

When asked about reviewing activities, the Manager informed us that they are reviewed on a monthly basis and families are involved in this process. She reiterated that she was a new manager who brought with her a new ethos, 'in the past activities were not reviewed, but this has been introduced, the Manager said: 'There is monthly activities rota in the main reception, all staff are aware of this.'

Provision of meaningful activities and methods of reducing the risk of social isolation.

In relation to understanding what the term 'meaningful activity' means, the Manager stated that 'it means something to that person. It is designed to stimulate a resident - with an activity that is centred on their needs that are specific to that person.'

The manager also stated that 'everybody' is responsible for meaningful activity in the home. She told us that although the Activity Coordinators' organise and develop the activity programme: 'All staff should know what residents' wants and needs. I expect staff to know every single resident's history.' She told us that this included a residents' medical history, what they had done in their past life and what their likes and dislikes were and are now and that the purpose of encouraging meaningful activities with residents is to give the person 'a better life'..

When asked if a resident did not want to do an activity what would happen, we were informed by the manager that the staff would find other ways to engage that person. She gave an example relating to a resident who could not hear, so could not be involved in a 'singalong' activity. She said that 'staff communicate with residents...' explain the activity and explain that the resident has a choice. If the resident says 'No' '...we go back in half an hour. If the pattern continues we would contact the family, but you can't force people.'

One resident was asked if staff had asked them what activities they would like to do, they replied: 'Probably, but I can't remember.' We spoke to the relative of another resident who visited her mother every day unannounced. The relative said of their Mother: Mum likes to walk, she was a carer and liked looking after people. The daughter said that Mum likes to go out with her to 'singing sessions run by the Alzheimers Group.' She expanded further telling us that there was a real attempt to match the residents' activities with what they had enjoyed doing previously in their lives. She expanded on this by saying that her mother had previously enjoyed going out, so the introduction of the strolling group was very welcome and added to the outings that the daughter undertook with her mother, such as attending a singing group for people with dementia.

She had also asked the home to email her weekly the activities that her mother would be participating in so she (the daughter) could tailor what she arranged to do with her mother. The home was doing this and the daughter found it helpful. She also said that her mother enjoyed the trips out in the mini-bus. According to this relative, these trips took place weekly involving about nine residents on each trip. The daughter also spoke very warmly of the Quiz Nights which both residents and relatives attended. Whilst she said that some residents could not always engage

meaningfully in the quiz, she felt that they benefitted from the social interaction and that it was a real social event which left the residents feeling contented.

One of our authorised Representatives asked a care staff member an Activities Coordinator how they ensured meaningful activities for residents who are bed bound, they were informed that the staff engaged with such residents through one to ones and the use of developing scrapbooks.

How are activities differentiated to meet individual needs?

When asked how activities were linked into care plans, the Manager informed us that when a care plan is devised, family members and residents are encouraged to attend the meeting. With the help of the family activities are 'incorporated into the residents' care plan - all staff are made aware of this'.

When we enquired about doing activities with dementia residents that meet their needs and how they effectively engage with them, the Activity Coordinator told us that 90% of residents have dementia, 'but their long term memory is intact so they are able to tell us what they used to do... We have audio cassette books and brightly coloured paper...' these are tools that are used to involve residents who have impairment so their needs can be met. We witnessed the use of the brightly coloured paper during an activity in which residents were making an Olympic torch. We were also informed that a member of the activities team 'made a busy blanket with buttons, zips and rings...' otherwise known as a sensory blanket for a lady who was 'hard of hearing' so that she could engage in activity, this was aimed at meeting her individual needs.

A care staff member said: 'we know the residents well, we sit and discuss with the team, meet the resident and their family, especially if something is not working.' The staff member said it was 'about getting the message across that everyone is different. It is all about the resident, this is their home.'

Involvement with local community?

The Manager informed us that Limegrove has a connection with 'Horsley Garden Society and as the new Manager, she would be going to their next meeting.' A local hairdresser comes into Limegrove twice a week, there also visits by a manicurist and the local vicar. The Manager also stated: 'There is a mini bus trip every Monday to a park or café.' A member of the care staff said that residents 'go out into the garden.' The same member of staff also concurred with the manager telling us there is a minibus outing that takes place every week.

The new Manager informed us that she was looking to create relationships in the local community and do activities that 'tie in' - she is looking to create links in the surrounding community. She also told us that as next month it is Older People's Day she is going to structure a range of activities throughout the month that link in with this.

One relative of a resident told us that 'the home has organised a 'strolling group' which 'Mum likes' and that she takes her mother out for walks and coffee and her mother likes to go on the 'outing every Monday'.

Involvement and opinions of family and carers:

According to the new manager, the home 'contacts families.' She informed us that letters have gone to families giving the managers email address asking all families to contact the home and be involved in having input into their relatives activities. She wants to encourage interaction with

families because they play a pivotal in a residents' life, they play an important part in helping the home deliver activities that are person centred.

Activities Training:

When asked what training staff had undertaken to support meaningful activities and person centred care, the Manager replied: 'Community Calendar and Media Training.' This was internal training provided by the owner of the home Anchor. Staff also received Dementia Training and Challenging Behaviour Training. We were told by an Activities Coordinator that of the of the three activities staff one had a diploma in Health and Social Care, one was trained to NVQ level 2 and one had come from a teaching background. We were told by an Activities Coordinator that of the of the three activities staff one had a diploma in Health and Social Care, one was trained to NVQ level 2 and one had a teaching background.

Barriers to Meaningful Activities:

For the Manager 'Staff attitude', understanding dementia and funding is a barrier to carrying out meaningful activities. She intimated that if staff 'attitude is not right, we cannot deliver meaningful activities that meet residents individual needs.

Any immediate concerns noted by the visiting team were shared with the service provider on the day of the visit

Conclusions and Recommendations:

- Surrey County Council (the commissioner) and the Care Quality Commission should consider these findings and take action accordingly.

The findings in this report will be considered alongside the findings of the other twenty four Care Homes that were part of a programme of visits exploring activities provision of these services in Surrey. A summary report will be published in January including further conclusions and recommendations of the programme.

Service provider response:

No response was received from the service provider.